



ឈប់ធ្វើការ  
STOP WORK

CSO/WORKER NAME/ ឈ្មោះអ្នកកាន់សំណុំរឿង	TELEPHONE NUMBER/ លេខទូរស័ព្ទ
CLIENT IDENTIFICATION NUMBER លេខសំគាល់ខ្លួនរបស់អតិថិជន	ខែ/ថ្ងៃ/ឆ្នាំ

**Section 1: Fill out this section before taking it to your job that has ended/**

(ចូរបំពេញផ្នែកនេះមុននឹងយកក្រដាសនេះទៅកន្លែងអ្នកឈប់ធ្វើការ)

**By signing here, I give my permission to my employer to complete this form for the Department of Social and Health Services.** (ដោយចុះហត្ថលេខានៅទីនេះ, ខ្ញុំអនុញ្ញាតឱ្យនិយោជករបស់ខ្ញុំបំពេញក្រដាសពាក្យនេះសំរាប់ក្រសួងសង្គមកិច្ចនិងសុខាភិបាល (DSHS) ។)

SIGNATURE/ ហត្ថលេខា	DATE/ ខែ/ថ្ងៃ/ឆ្នាំ	PLEASE PRINT YOUR NAME HERE/ សរសេរឈ្មោះរបស់អ្នកនៅកន្លែងនេះ
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NAME OF COMPANY/ ឈ្មោះក្រុមហ៊ុន
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COMPANY ADDRESS: STREET ADDRESS/អាសយដ្ឋានក្រុមហ៊ុន: លេខផ្លូវ	CITY/ក្រុង	STATE/ រដ្ឋ	ZIP CODE/ ស៊ីបខ្ទង់
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**Section 2: The person in the company who knows the employment and pay information fills out this section.**

(ជនធ្វើការនៅក្រុមហ៊ុនដែលដឹងព័ត៌មានអំពីការងារ និងការបើកប្រាក់សំរាប់និយោជកត្រូវបំពេញផ្នែកនេះ។)

1. What was the last date that the employee worked? \_\_\_\_\_

2. Amount of final paycheck (before taxes): \$ \_\_\_\_\_ Date received: \_\_\_\_\_

List the amounts (before taxes) and dates received for other paychecks received in the same month as the final paycheck:

AMOUNT RECEIVED (BEFORE TAXES)	DATE RECEIVED
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

3. Why did this job end?

- ☐ Lack of work    ☐ Job was temporary/seasonal    ☐ Laid off  
☐ On leave (such as leave of absence or maternity leave). Is it: ☐ Paid    ☐ Unpaid

If paid, how much is the employee paid: \$ \_\_\_\_\_

When is the employee expected to return? \_\_\_\_\_

☐ Other: \_\_\_\_\_

4. Will the employee receive any severance pay? ☐ yes    ☐ No

IF YES: When will it be received? \_\_\_\_\_ How much will it be? \$ \_\_\_\_\_

5. Can the employee cash out vacation/sick pay? ☐ yes    ☐ No

IF YES: When will it be received? \_\_\_\_\_ How much will it be? \$ \_\_\_\_\_

6. Can the employee withdraw retirement/pension/401K funds? ☐ yes    ☐ No

IF YES: When will it be received? \_\_\_\_\_ How much will it be? \$ \_\_\_\_\_

Please provide the following in case we need to contact you:

SIGNATURE	DATE	TELEPHONE NUMBER
PRINT YOUR NAME HERE	POSITION/TITLE	

